PERFORMANCE MEASUREMENT REPORT

Subrecepient:	Reporting Period:				
Project Number:			Final Report:	Yes⊖	No •
			-		
PERFORMANCE MEASURE	1st Qtr.	2nd Qtr.	3rd Qrtr.	4th Qtr.	Year to Date
	10/1-12/31	1/1-3/31	4/1-6/30	7/19/30	
YOUTH SERVED / PROGRAM COMPLETIONS / REC	CIDIVISM				
# Carried Over from Previous Qtr./Fiscal Yr.					
# New Admissions					
# Total Served During Quarter	0	0	0	0	0
# Successfully Completed					0
# Exiting Program Unsuccessful Completion				_ 	0
% Youth Successfully Completing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# Youth with a new Offense					0
% Youth with new offense	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
YOUTH EXHIBITING DESIRED CHANGE IN TARGETED BEHAVIORS					
Substance Abuse					
#Youth with Noted Behavioral Change					0
Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Antisocial Behavior					
#Youth with Noted Behavioral Change					0
Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Family Relationships					
# Youth with Noted Behavioral Change					0
Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Social Competencies					
# Youth with Noted Behavioral Change					0
Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Narrative: (add page if needed) I have examined the information provided here and certify it is accurate. I am the signing authority for this grant.					
Typed Signature Date	Save this form on your computer Submit updates to IDJC quarterly Attach file to an email message and send to: lisa.stoner@idjc.idaho.gov				